



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101
Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Dennis W. Streets, Director
919-733-3983

August 10, 2007

Dear County Director of Social Services, Local Management Entity Director, Local Health Department Director and County Department on Aging Director

Subject: Decision Making Training for Public Agent Guardians

Ethical dilemmas frequently arise during decision making and are often challenging for the guardian. The guardian is very often concerned about liability when making difficult decisions in the best interest of wards. This may be especially true when the guardian is challenged with decisions concerning consent for invasive medical treatment that may harm the ward, implementation of do not resuscitate orders, or withholding or withdrawal of extraordinary means.

The Division of Aging and Adult Services is pleased to announce that the training, "Guardianship: Decision Making, Legal and Ethical Issues" will be offered once during SFY 2007-08. **This one-and-a-half-day workshop is specifically designed for directors and assistant directors of local human services agencies who serve as disinterested public agent guardians, and attorneys who work with these agencies.**

Through case-based discussions, lectures, and audio visual materials participants will be introduced to key concepts, issues, and ethical principles to facilitate informed decisions. Participants will learn practical strategies to strengthen existing policies and procedures for decision making and approaches that may utilize to support a guardian's legal mandates, duties to the ward and limit the guardian's liability.

Please mark your calendars for this workshop and share with your legal staff*. You do not want to miss this opportunity to network with peers and experts.

The workshop will be held at the following location:

March 5 & 6, 2008
Guilford County DSS
Room 123
1203 Maple Street
Greensboro, NC

(*Continuing Legal Education [CLEs] credits will be applied for.)

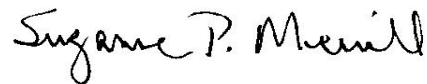
Dear Director
RE: Guardianship Decision Making Training
August 10, 2007
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You must pre-register if you plan to attend the workshop. There is no limit on the number of participants who may attend. Registration information is attached. Please complete all information on the registration form. If more than one person from your agency plans to attend, please duplicate the form so that each person can register separately. Mail all registration information at least two weeks in advance of the workshop to: NC Division of Aging and Adult Services, ATTN: Monica Nealous, Adult Services Section, 2101 Mail Service Center, Raleigh, NC 27699-2101. Completed registration forms may also be faxed to Monica Nealous at (919) 715-0023.

After your registration is received, you will be sent a confirmation letter, directions to the workshop site and suggestions concerning overnight accommodations.

If you have questions or need additional information about the workshop, please contact Kate Walton, Guardianship Consultant, at (919) 733-3818. County departments of social services may contact their Adult Programs Representative.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill". The signature is written in a cursive style with a large, stylized 'S' and 'M'.

Suzanne P. Merrill, Chief
Adult Services Section

SPM/ksw

AFS-12-2007

Attachment

Adult Services Section, NC Division of Aging and Adult Services Registration Form

Have you attended the prerequisites for this training event?

☐ Yes ☐ No

(For prerequisite information please refer to the training description)

☐ Not Applicable for this Training

First Name: _____

MI: _____

Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American

☐ Latino/Hispanic

☐ Asian/Pacific Islander

☐ Native American/Eskimo

☐ Mixed Race

Home Phone (please include area code):

() _____

Work Phone & Extension (please include area code):

() _____

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____